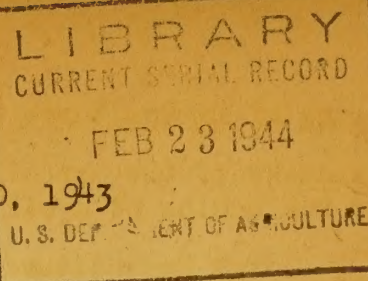


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UNITED STATES DEPARTMENT OF AGRICULTURE  
Farm Security Administration



AGRICULTURAL WORKERS HEALTH ASSOCIATIONS  
Report of Activities for Period from April - June 30, 1943

INTRODUCTION

At the end of June 1943 medical and dental services were being rendered through five agricultural workers health associations (Florida, Texas, California and Arizona, Pacific Northwest and Atlantic Seaboard) on 195 different camp sites of which 46 were standard camps and the remainder consisted of mobile and temporary units (including former C.C.C. camps) and rented facilities. There were three dental trailers in operation. The importation of Jamaican and Bahamian farm workers, as well as the accelerated importation of Mexican workers had necessitated the establishment of additional health centers in widely scattered employment areas. Clinic facilities were temporarily operating at the two receiving centers at Camp Ponchartraine, Louisiana and Miami, Florida for examination and treatment of Jamaicans and Bahamians.

In order to provide medical services for the increased numbers of foreign and domestic workers employed in areas not previously included in the farm labor program, it became necessary to extend the activities of the health associations. This expansion resulted in the establishment in June of two new health associations, namely the Great Plains Agricultural Workers Health Association and the Midwest Agricultural Workers Health Association with regional headquarters at Indianapolis, Indiana and Denver, Colorado, respectively. The actual operation of these two associations did not begin until the new fiscal year beginning July 1, 1943. This quarterly period also marked the end of the financial operation of the farm labor health program under the Farm Security Administration, and proceedings were under way for the War Food Administration to enter into contracts with the seven agricultural workers health associations to furnish medical services to agricultural workers in accordance with current legislation governing the administration of the farm labor program.

Significant in connection with the importation of foreign workers was the cooperation extended by the United States Public Health Service and the state health departments. Physical examinations and x-rays were performed on Mexicans at Mexico City to determine physical eligibility. At Kingston, Jamaica, physical examinations were done on Jamaicans to rule out defects disabling to productive farm work. Similar examinations were done on Bahamians at the Miami receiving center under the supervision of an officer of the United States Public Health Service and with the assistance of the association nurses. Cooperation of the state health departments in New Jersey, California, Florida and other states was extended in the venereal disease treatment programs.

Farm Labor Activity

Increased farm activity in all areas spurred on by the war food program, was consistent with the spring crop season, and had its repercussions in expanded needs for health services. As Bahamians followed the crops northward along the Atlantic Seaboard from Florida, additional clinics were opened to make health services available. Jamaicans moved northward from Texas to the Pacific Northwest area. The Mexican caseload in California was especially high, as migrant California workers continued to transfer to other industries.



## SUMMARY

### Resume of Expenditures and Services

A summary of the expenditures and services rendered through the five associations for the months of April, May and June shows:

Total Expenditures		\$330,890.60
Office administrative costs	\$45,313.80	
Expenditures for clinic services	96,387.23	
Direct cost for physicians', surgeons' and dentists services	62,636.77	
Miscellaneous referral costs	8,308.87	
Hospital charges		
Non-association	61,122.12	
Association	48,589.69	
Nursery Schools	8,532.12	
Total cases seen by physicians		26,047
Clinic cases	19,547	
Referred cases	6,146	
Total visits		82,190
To Physicians	39,692	
To nurses - clinic and home	42,498	
Hospitalized cases		2,048
Non-association	1,503	
Association	548	
Dental Cases		2,046
Clinic	1,566	
Referred	480	

The total expenditures (Table 1) of \$330,890.60 - which exceeded the previous quarter's expenditures of \$251,274.96 - were distributed in the following percentages among the associations:

Atlantic Seaboard	8.0
Florida	14.9
Texas	8.1
California-Arizona	58.6
Pacific Northwest	10.4

The expenditures for office administration for all associations averaged 13.7 percent of the total cost, ranging from 10.5 percent in Texas to 14.8 percent in the Pacific Northwest.

### Distribution of Professional Services and Costs: Clinic and Referred

#### Costs

Tables 2, 3, and 4 summarize the volume of services rendered at clinics and to referred cases, and the respective costs for each association. The seemingly wide difference in expenditures by the California association, compared with the other four implies not only a larger organization rendering more service, but also reflects the difference in costs for associations which are dependent upon services of private



physicians in their private offices. Such services are more expensive since they involve high professional fees in contrast to the direct costs of clinic services to ambulatory patients. The respective distribution of costs in each association was as follows:

	<u>Percentages of Total Expenditures</u>					
	All Assns.	Atlantic Seaboard	Florida	Texas	California-Arizona	Pacific Northwest
Total Expenditures	100.0	100.0	100.0	100.0	100.0	100.0
Clinic Services	23.2	78.4	17.3	40.7	11.8	39.8
Other Association Services	14.7	0	59.2	0	10.0	0
Non-Association Services	39.9	6.4	6.5	28.3	56.7	28.0
Other Expenditures (Office administration, non-professional clinic, nursery schools)	22.2	15.2	17.0	31.0	21.5	23.2

#### Services

A discussion of services requires noting the record of the services to Jamaicans at Camp Ponchartrain. Although the cost of these services was paid through a special contract with the War Food Administration and is not a part of the clinic expenditures for the Texas Association, the cases and visits are included in the total services rendered through the Texas association. This accounts for the abnormally high volume of service during this period for the Texas association.

Of the total of 26,047 cases, for all associations, 19,547 were seen at the clinic only (75 percent) and 6,500 (25 percent) were referred to physicians at their private offices or hospitalized directly. The following is the percentage distribution of clinic and referred cases through all associations:

	All Assns.	Atlantic Seaboard	Florida	Texas	California Arizona	Pacific Northwest
Clinic Cases:	75.0	97.4	75.7	97.1	30.7	80.8
Referred Cases:	25.0	2.6	24.3	2.9	69.3	19.2

#### CLINIC SERVICES

A noteworthy feature of the clinic services during this period was the intensification of preventive and therapeutic medical care services to imported workers. Analysis of clinic cases requires an examination of the distribution of these cases, according to cases of illness, physical examinations, and immunizations.

#### Distribution of Clinic Cases

The following percentage distribution of clinic cases distinguishes cases of illness from other special cases:

	All Assns.	Atlantic Seaboard	Florida	Texas	California Arizona	Pacific Northwest
Cases of illness	60.3	43.6	47.5	69.2	77.9	36.8
Examinations	18.5	26.9	33.8	18.0	13.7	8.7
Immunizations	13.8	29.5	9.2	12.2		18.3
Dental Cases	7.4	0	9.5	.6	8.4	36.2
Total	100.0	100.0	100.0	100.0	100.0	100.0



Thus for all associations, two-fifths of the clinic cases were other than cases of illness. For the Atlantic Seaboard and Florida associations more than half of the clinic cases were those other than cases of illness. This is characteristic since the camp population consisted largely of Jamaicans and Bahamians who were examined and immunized before being assigned for employment. Although 3,311 cases of the total of 10,892 handled by the Texas association (approximately 30 percent) were physical examinations and immunizations, the larger volume of service was rendered to imported workers for conditions of illness prior to or just following placement. The cases of illness were typical of a group encountering changes in climate and food, and the pressures of crowded ship transportation.

#### Visits per clinic case

As observed in previous months, the number of visits per case varied with the type of case. Visits for physical examinations and immunizations averaged 1.3 visits per case as compared with 5 visits per case of illness, of which an average of 3.3 visits per case were visits to nurses at the clinic and home nursing visits. The number of physicians' visits per case of illness in Florida exceeds all other associations, being 3.7 per case, whereas the average was 1.7 per case for all associations, including cases at Camp Ponchartrain, and 2.0 visits per case excluding these special services to the Jamaicans. The high average in Florida is accounted for largely by the many visits for venereal disease treatments, which averaged 13 visits per new venereal disease case.

#### Distribution of clinic visits

As shown in Table 3, for each association the number of nursing visits exceeded the number of visits to the physician for cases of illness. The proportional distribution is shown below.

	<u>Number of Visits</u>					
	<u>All Assns.</u>	<u>Atlantic Seaboard</u>	<u>Florida</u>	<u>Texas</u>	<u>California Arizona</u>	<u>Pacific Northwest</u>
Total	63,565	7,659	13,971	23,260	8,654	10,021
To Physicians:	21,097	1,749	2,944	10,651	4,044	1,709
To Nurses:	42,468	5,910	11,027	12,609	4,610	8,312

<u>Percentage Distribution</u>						
Total	100.0	100.0	100.0	100.0	100.0	100.0
To Physicians:	33.2	22.8	21.1	45.8	46.7	17.1
To Nurses:	66.8	77.2	78.9	54.2	53.3	82.9

The total number of visits including dental visits was approximately double the number for the preceding quarter. This was reflected chiefly in the large volume of visits for the Atlantic Seaboard and Texas associations, where imported workers were receiving medical services. In Texas the number of visits to nurses and physicians was practically evenly divided. As already pointed out much of the service was to Jamaicans at Camp Ponchartrain.

Nursing visits to all cases continued to be very high in Florida and the Pacific Northwest. This tends to be typical of the more normal activity of the agricultural workers health association programs. In all associations exclusive of the Atlantic Seaboard, nurses reported public health activities in the form of group meetings, classes and teaching clinics in preventive care.



### Cost per clinic visit

In computing the costs per clinic visit, the services at Camp Ponchartrain were disregarded since payment for these services was arranged for through special contract with the War Food Administration. The average cost per clinic visit including visits for all services (Table 3) was \$1.66 for the quarterly period, ranging from \$.74 per visit in Florida to \$3.71 in California. This wide difference may be explained by several factors. Chiefly, the variation in volume is reflected in high or low costs as exemplified by the contrast between Florida and California where the number of visits in Florida (and more particularly those to nurses) exceeded the volume of services through the California association.

The variation in cost may also in part be due to varying non-professional costs in each association, a large percentage of these costs consisting of salaries and wages to clerical and other non-professional personnel. The Florida association employs clerks whose salaries make up most of the 26.5 percent of non-professional service expenses. Through the assistance of the clerks, the Florida clinics are in a position to render a large volume of service efficiently. The clinics being located at the farm labor supply centers which are relatively close to each other permit nurses and clerks to be shifted from clinic to clinic as required. Thus even with comparatively high non-professional costs, the Florida association is able to render a large volume of service at a low cost per service. In California where 35 percent of the clinic expenditures is for non-professional services, the use of clerks to assist the nurses is also largely responsible for this high percentage. This does not result, however, in a low cost per service comparable to Florida's because of higher wage standards and also smaller volume of service in each clinic.

The distribution of these non-professional and professional clinic expenditures are shown below:

	All Assns.	Atlantic Seaboard	Florida	Texas	California Arizona	Pacific Northwest
Professional	79.6	98.4	73.5	81.9	64.9	90.0
Non-professional (i.e., salaries, wages, services and supplies)	20.4	1.6	26.5	18.1	35.1	10.0

### Estimated Cost per Clinic Case of Illness

Related to the variability in cost per visit is the variation in cost per case of illness. The following figures show the average cost per case, all cases, computed by dividing the total clinic expenditures by the number of cases.

All Assns.	Atlantic Seaboard	Florida	Texas	California Arizona	Pacific Northwest
\$7.06	\$7.46	\$6.99	\$3.77	\$14.13	\$4.84

The excessively high cost per case in California despite the fact that the number of visits per case was smallest shows up clearly in this estimated cost per clinic case. However, since cases of illness require more medical treatment than other cases, a more significant rate is the cost per case of illness. The estimated cost per case of illness may be derived from the number of visits per case of illness and the average cost per visit, shown as follows:



	All Assns.	Atlantic Seaboard	Florida	Texas*	California Arizona	Pacific Northwest
Visits per case of illness	2.0	1.4	3.7	1.7	2.1	1.5
To Physician:	2.0	1.4	3.7	1.7	2.1	1.5
To Nurse:	4.2	4.0	10.2	3.5	1.6	5.2
Total	6.2	5.4	13.9	5.2	3.7	6.7
Cost per visit estimated cost	\$1.66	\$2.09	\$ .74	\$1.34	\$3.71	\$1.17
per clinic case of illness	\$10.29	\$11.28	\$10.27	\$6.97	\$13.72	\$7.84

\*Since costs of cases at Camp Ponchartrain were not paid by the association, these cases were not included when computing the cost per case of illness for Texas.

### REFERRAL SERVICES

#### Expenditures

Table 4a analyzes the expenditures for and volume of the referred services rendered through the associations. The total expenditures, including the costs of operating the association hospitals amounted to \$180,657.45 - 54.6 percent of the total operating expenses. These expenditures for referred services were distributed as follows, between direct professional services of physicians, surgeons and dentists, and non-association and association hospital services.

	All Assns.	Atlantic Seaboard	Florida	Texas	California Arizona	Pacific Northwest
Direct professional service	40.3	49.0	7.0	70.1	44.0	57.9
Non-association Hospital service	32.8	51.0	2.9	29.9	41.0	42.1
Association hospitals	26.9	--	90.1	--	15.0	--
Total expenditures for referred services	100.0	100.0	100.0	100.0	100.0	100.0

#### Volume of Service

There was an increase in the number of cases referred by the Texas, California and Pacific Northwest associations, coincident with the generally larger volume of services for the associations during this quarterly period. Expenditures for the professional referred services represented 70.2 percent of the total direct cost for all professional services by all associations.

Part of the actual increase in expenditures, compared with the past quarter is reflected in the increased costs of operation of the association hospitals which were somewhat higher although the number of cases served was less than during the previous period. This is largely due to increased operating costs of hospitals generally, which rose about 15 percent.



## Distribution of referred cases

By individual associations, the trend in Florida, the Pacific Northwest, and California was altered. Florida, benefiting from the availability of its own hospital, hospitalized all referral cases needing hospitalization, there. The Pacific Northwest which formerly referred about 50 percent of its cases to private physicians, reduced this by one half, whereas California referred about 15 percent more of its cases than during the last quarterly period. For California this may be partially explained by the unwillingness of California physicians to serve in clinics in a period of high demand for private services and therefore a greater need for referring cases to outside physicians. The Pacific Northwest, on the other hand, through its intensive nursing service, was probably better able to render clinic services and follow up care, thus finding it unnecessary to refer cases elsewhere. The percentage of cases referred by all associations, averaged 33.9 percent of the total cases of illness, which was 15 percent less than in the previous quarter. This average was affected by the Camp Ponchartrain experience in the Texas association. As a result, Texas referred only 4.0 percent of its total cases of illness, and the average percentage of referred cases decreased.

## Cost per referred case

Table 4a further shows the charges for professional services to referred cases to vary considerably. The average charge for all associations was \$11.62 ranging from \$6.27 for the Atlantic Seaboard to \$32.02 in Texas. The high charges of \$25.05 and \$32.02 per case for Florida and Texas respectively, emphasize that only the severely ill cases are referred out, with resulting high charges for specialized service. But as already explained these associations rendered a much larger volume of their service at the clinics. With a comparatively larger volume of cases referred by California the cost per case for physicians and surgeons' services to these cases was less than for the other associations.

## Hospital service

There was a substantial decrease in the percentage of cases hospitalized, measured against the total physicians' cases of illness. Table 4 indicates that the percentage of such cases averaged 10.4 percent for all associations, compared with 23.5 percent for the January-March period. There was an increase for Florida from 19.5 percent to 27.9 but a decrease for California from 27.6 percent to 19.5, for the Pacific Northwest from 13.9 percent to 5.0, and for Texas 4.9 percent to 1.7 percent (a low percentage because of the large number of clinic cases at Camp Ponchartrain).

Compared with the previous period, the percentages of referred cases hospitalized was also less, being about 10 percent lower for all associations. Specifically noted are the lower percentages for California and the Pacific Northwest. For this period the percent of total referred cases which were hospitalized was 30.5 and 20.3 percent for California and the Pacific Northwest respectively, compared with 46.5 percent and 26 percent in the last quarter. Yet, despite the substantial decrease in hospitalization, the hospital charges were only slightly lower, the percentage of the total referral costs being 60.0 percent compared with 63.4 percent in the previous period. This is particularly evident in the record of the association hospitals shown in Table 4b, and compared with the last quarterly period:



	<u>January-March</u>	<u>April-June</u>
Florida-Belle Glade		
Admissions	404	354
Costs	\$26,668.02	\$29,134.13
California-Burton Cairns		
Admissions	293	191
Costs	\$15,399.88	\$19,455.56

There are, of course, other factors which must be considered, such as purchasing of new equipment and supplies, changes in personnel policy and salary schedules, and the fewer number of workers in Florida - which may have effected costs. However, it seems evident that the higher cost incident to hospital operation in general is a factor in the increased costs of hospital services.

#### Referral service to Mexican importees

An interesting phase of the referral service is the record of services to imported workers. The more detailed data on service to Mexicans showed that there were 2,360 cases of illness of which 2,344 were referred. This number was 51.8 percent of the total referred cases reported by the California-Arizona association. Of these referred cases 9.2 percent were hospitalized at a cost of \$41.24 per case.

#### ILLNESS BY DIAGNOSIS

Table 6 shows in detail the distribution of all cases of illness by diagnoses. The incidence of respiratory diseases, the most prominent disease category, followed a trend similar to that for the months from January through March. This incidence was especially high for the Atlantic Seaboard and Texas associations, where it was found that imported farm workers contracted respiratory infections upon arrival in this country. The change of climate and our seasonal variations were very likely the underlying causes.

Gastro-intestinal diseases were second in volume among the diagnostic findings. The percentage distribution of such cases increased from 11.8 for all associations during the previous quarter to 19.8 for this period. This rise was also most pronounced for the Atlantic Seaboard and Texas associations where the percentage distribution increased from 2.4 to 12.4 and from 11.5 to 26.5 respectively. Similarly, digestive disturbances were more highly prevalent among the transported workers, due perhaps to changes in diet. In California, too, there was a continued high incidence of diseases of the digestive system among Mexicans, which was reflected in the high percentage of this type of illness, in the record of the association as a whole.

Among the other more prevalent diseases was the infectious disease group. These were proportionately less for this period than in the previous quarter. Although there were minor outbreaks of infectious diseases in certain areas (measles in the Pacific Northwest, whooping cough and diphtheria in the California area, malaria among the Mexicans) there were no real epidemics. The incidence of infectious diseases decreased from an average of 7 percent to 4.8 percent, the largest decrease showing up in the Pacific Northwest, where there was a decline from 11.0 to 6.2 percent.



There was a slight decline in diseases of the ear and of the circulatory system. Although the percentage distribution of skin diseases for all associations remained about the same as during the previous period, there was a decline for the Atlantic Seaboard, Florida and Texas associations and a rise in California and the Pacific Northwest. A similar observation may be made for the category of injuries and poisonings, where the general average was lower, but by individual associations California, Pacific Northwest, and the Atlantic Seaboard showed an increase whereas Texas showed a decline.

Diagnosis of hospital cases - (Association and Non-association).

Analysis of the diagnoses of hospitalized cases emphasized the difference in type of case hospitalized from cases receiving clinic treatment. Hospital cases necessarily arise from the need for treating acute medical conditions or emergency surgical cases in contrast to ambulatory cases seeking treatment at the clinic.

Below is a summary table comparing the diagnoses of cases hospitalized at the association hospitals (which, on the basis of discharges, numbered 537 for this period), and those hospitalized at the non-association hospitals, numbering 1,533. The table includes only the more significant diagnostic categories.

	Non-Association Hospital Cases						Association Hospital Cases					
	Total		California-Arizona		Other Associations		Total		Belle Glade		Burton Cairns	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Total Cases Hospitalized .....	1,533	100.0	1,252	100.0	281	100.0	537	100.0	339	100.0	198	100.0
Infectious Diseases..	60	3.9	40	3.1	20	7.1	20	3.7	11	3.7	9	4.5
Neoplasms..	17	1.1	17	1.3	0	0	17	3.2	15	3.2	2	1.0
General Diseases..	26	1.6	18	1.4	8	2.8	15	2.8	8	2.4	7	3.5
Dis. of Eyes.....	10	0.1	8	0.6	2	0.7	12	2.2	9	2.5	3	1.5
Dis. of Respiratory system...	386	25.1	297	23.7	89	31.7	97	18.0	63	18.6	34	17.2
Dis. of Digestive system...	278	18.1	218	17.4	60	21.4	113	21.0	70	20.6	43	21.7
Dis. of Genito-U. system...	90	5.8	70	5.5	20	7.1	63	11.7	51	15.0	12	6.1
Dis. of Pregnancy & childbirth	385	25.1	357	28.5	28	9.9	76	14.2	27	8.0	49	24.7
Dis. of the Skin.....	47	3.0	39	3.1	8	2.8	20	3.7	14	4.1	6	3.0
Ill Defined Diseases..	33	2.1	30	2.3	3	1.1	29	5.4	19	5.6	10	5.1
Injuries & Poisonings	109	7.1	88	7.0	21	7.5	43	8.0	29	8.6	14	7.1
ALL Other..	92	7.0	70	6.1	22	7.9	32	6.1	46	15.4	18	9.2



As noted above, the majority of the cases hospitalized consist of cases of the digestive and respiratory systems, and those related to pregnancy and childbirth. Only cases of complicated pregnancy are admitted to Belle Glade Hospital, whereas a greater number of normal deliveries are handled at Burton Cairns.

Among cases of the association hospitals, digestive illnesses accounted for 21 percent of the cases, being chiefly cases of operative and non-operative appendicitis. Diseases of the respiratory system accounted for 18 percent and those of pregnancy 14.2 percent. These three categories plus cases of the genito-urinary system and injuries comprised over 75 percent of the cases hospitalized at the association hospitals. Among the non-association hospital cases, diseases of the respiratory system and cases of pregnancy and childbirth each accounted for 25.1 percent of the total cases, most of the latter being handled through the California association. These cases plus those of the digestive system and injuries accounted for 75 percent of the total number of cases hospitalized at non-association hospitals.

The table further shows that diseases of the respiratory and digestive systems plus cases of pregnancy and childbirth accounted for 68.3 percent of all non-association cases, and 53.2 percent of the association hospital cases. It is to be noted that there is a greater concentration of a few types of cases among the non-association cases, but a wider variation of diagnoses among the association hospital cases.

#### Medical Examinations in Foreign Countries

In connection with a review of the diagnostic findings, it is pertinent to comment on the causes for rejection of the imported workers who comprised a large proportion of the farm laborers during this period. Through the cooperation of the United States Public Health Service physical examinations and x-ray examinations were conducted at points of embarkation in Mexico, Jamaica, and the Bahama Islands.

Among the 25,000 Mexicans inspected at Mexico City during this quarter, about 25 percent presented medical findings which indicated need for correction or were considered a basis for rejection. Of the total number of cases with questionable conditions, dental caries accounted for 41 percent and pediculosis for 34 percent, totaling 75 percent. The remaining conditions were distributed among cases of heart disease (1 percent), inguinal scars (11.4 percent), varicose veins (3 percent), hernia (2 percent), and urethral discharge (3 percent). However, of the possible rejectees, 80 percent were designated redeemable. About 5 percent were reported as finally rejected on the basis of x-ray examination, the major cause of final rejection being tuberculosis and positive cardiac conditions.

Reports of the examinations of over 11,000 Jamaicans revealed that about 20 percent were rejected. The chief causes were: dental diseases (15 percent), urethral discharge (33 percent), dietary deficiency (9 percent) and pyrexia (6 percent). Varicose veins, heart disease and other cardio-vascular dysfunctions were also prevalent.

There was no diagnostic report available analyzing the cause for rejection of Bahamians. However, a summary report of the number examined showed that of 5,882 examined, 571 were medical rejections -- about 10 percent. The services of a private x-ray agency were secured for the chest examinations of workers in New Jersey and Pennsylvania and a mobile x-ray unit was provided in Florida, to x-ray Bahamians. The examinations in the Northeast showed a prevalence of active pulmonary tuberculosis of about 0.5 percent, with a prevalence of other lung pathology of about 0.7 percent.



## DENTAL SERVICES

Table 6 furnishes detailed information on the volume of dental service rendered by all associations. About 80 percent of the services were rendered through clinics and trailers, while 20 percent were in the form of services to referred cases.

Of the total clinic services, 72 percent were rendered through the Pacific Northwest association, with Florida rendering about 12 percent through its dental trailer and clinic facilities. These services were distributed as follows by type of service: fillings - 46 percent, treatments 17.5 percent, extractions 18 percent, examinations and other operations 18.5 percent. The Atlantic Seaboard dental services were furnished entirely on a referral basis. California and Texas, however, divided their services almost evenly between clinic and referral service. During this period one California trailer was in operation and there were plans for the loan of another from the State health department, which has since been made available.

Analysis of costs is based exclusively on dental salaries, since all other expenditures related to dental services are incorporated in the total clinic costs, and not allocated to specific professional services. Since these related costs represent only a fraction of the total dental expenditures, however, their effect is relatively insignificant. Computed on the basis of salaries to clinic dentists, the cost per clinic service averaged \$1.01 for all associations, ranging from \$0.63 per service in California to \$3.29 in Texas, where comparatively little dental service was rendered. The cost of referred services averaged \$1.89 per service for all associations, ranging from \$1.55 in California to \$2.67 in the Pacific Northwest where the volume of referred service was small. Educational activities by dentists were emphasized in Florida and the Pacific Northwest.



UNITED STATES DEPARTMENT OF AGRICULTURE  
Farm Security Administration  
Health Services Provided Through Agricultural Workers Health Associations

Table 1. Cost of Operation

	Total	Atlantic Seaboard	Florida	Texas	California- Arizona	Pacific Northwest
Total Cost	\$330,890.60	\$26,646.68	\$49,188.80	\$26,777.92	\$194,003.90	\$34,273.30
Office Administration	45,313.80	3,738.91	5,304.49	2,814.52	28,394.76	5,061.12
Medical Services	277,045.46	22,907.77	43,884.31	20,884.13	164,647.00	24,722.25
Clinic Services - Total	96,387.23	21,215.22	11,565.09	13,305.27	35,159.72	15,141.93
Professional including	76,738.65	20,884.03	8,497.30	10,891.34	22,830.55	13,635.43
Special assignment of nurses	(5,581.67)	(5,154.91)	(426.76)			
Non-Professional	19,648.58	331.19	3,067.79	2,413.93	12,329.17	1,506.50
Referral Services - Total	180,657.45	1,692.55	32,319.22	7,578.86	129,486.50	9,580.32
Physicians	37,163.82	275.00	685.50	432.00	34,051.07	1,720.25
Surgeons and Specialists	23,238.45	208.00	817.50	3,698.00	15,491.45	3,023.50
Dentists	2,234.50	325.50	58.00	541.00	1,056.50	253.50
Drugs and Supplies	5,629.26	2.75	11.44	64.71	5,290.04	260.32
X-Ray and Laboratory	1,716.00	18.00		575.50	833.50	289.00
Hospitals - Non-association	61,122.12	863.30	947.65	2,267.65	53,009.77	4,033.75
Association	48,589.69	0	29,134.13	0	19,455.56	0
Midwives fees	665.00	0	665.00	0	0	0
Miscellaneous	298.61	0	0	0	298.61	0
Nursery School - lunches	8,532.12			3,079.27	962.92	4,489.93



Table 1. Cost of Operation (Continued)

	Total	Atlantic Seaboard	Florida	Texas	California- Arizona	Pacific Northwest
Percentage Distribution of Costs of Operation						
Total Cost	100.0	100.0	100.0	100.0	100.0	100.0
Office Administration	13.7	14.0	10.8	10.5	14.6	14.8
Medical Services						
Clinic Services - Total	29.1	79.6	23.5	49.7	18.1	44.2
Professional including nurses special assignment	23.2	78.4	17.3	40.7	11.8	39.8
Non-professional	5.9	1.2	6.2	9.0	6.3	4.4
Referral Services - Total	54.6	6.4	65.7	28.3	66.7	27.9
Physicians	11.2	1.0	1.4	1.6	17.6	5.0
Surgeons and Specialists	7.0	.8	1.7	13.8	8.0	8.8
Dentists	.7	1.2	.1	2.1	.5	.7
Drugs and Supplies	1.7	.1		.2	2.7	.8
X-Ray and Laboratory	.5	.1		2.1	.4	.8
Hospitals - Non-association	18.5	3.2	1.9	8.5	27.3	11.8
Association	14.7		59.2		10.0	
Midwives fees	.2		1.4			
Miscellaneous	.1				.2	
Nursery School - lunches	2.6			11.5	.6	13.1



1. The first part of the paper discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is essential for the proper management of the company's finances and for ensuring that all parties involved are kept up to date.

2. The second part of the paper deals with the various methods used to collect and analyze data. It describes how the company has implemented a system of regular audits and how this has helped to identify areas where improvements can be made.

3. The third part of the paper discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is essential for the proper management of the company's finances and for ensuring that all parties involved are kept up to date.

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9. The ninth part of the paper discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is essential for the proper management of the company's finances and for ensuring that all parties involved are kept up to date.



Table 2. Volume of Services

	Total	Atlantic Seaboard	Florida	Texas	California- Arizona	Pacific Northwest
<u>Physicians Cases</u>						
Total	26,047	2,919	1,978	a/ 11,213	7,417	2,520
Seen at clinic only	19,547	2,842	1,497	a/ 10,892	2,280	2,036
Referral cases including Association hospital cases	6,500	77	481	321	5,137	484
<u>Physicians Visits</u>						
Total	39,692	3,036	4,633	a/ 14,519	14,364	3,140
Clinic	28,938	2,992	4,553	a/ 14,390	4,385	2,618
Office	9,782	2	57	39	9,232	452
Home	972	42	23	90	747	70
<u>Nurses Visits</u>						
Total	42,498	5,910	11,027	a/ 12,609	4,610	8,342
Home	8,921	946	3,019	1,146	1,412	2,398
Clinic	33,577	4,964	8,008	a/ 11,463	3,198	5,944
<u>Hospitalized Cases -</u>						
Non-association hospitals	1,503	35	0	135	1,251	82
Association Hospitals	545		354		191	
<u>Hospital Days - Non-assoc. hosp.</u>						
Assoc. hospitals	10,564	209	0	895	8,694	766
	5,047		3,070		1,977	
<u>Midwives Cases</u>						
	68		68			
<u>Dental Cases</u>						
Total	2,046	94	158	139	485	1,170
Clinic	1,566	0	158	69	206	1,133
Referred	480	94	0	70	279	37
<u>Dental Services</u>						
Total	5,876	196	556	421	1,231	3,472
Clinic	4,692	0	556	216	543	3,377
Referred	1,184	196	0	205	688	95

a/ During the months of May and June transported Jamaican workers were examined, treated and immunized at Camp Ponchartrain. A total of 7,428 Jamaicans were seen by physicians at the clinic; these cases made 9,738 visits to physicians and 7,428 visits to nurses, assigned here for rendering services at the reception center.







Table 3. Clinic Services

	Total	Atlantic Seaboard	Florida	Texas	California- Arizona	Pacific Northwest
Salaries, physicians	\$15,274.07	\$ 3,372.55	\$ 1,703.33	\$3,734.18	\$ 4,209.36	\$ 2,254.65
Salaries, dentists	4,751.52	0	1,190.34	710.54	340.62	2,510.02
Salaries, nurses	38,503.40	8,978.66	4,132.35	5,126.81	13,376.17	6,889.41
Travel	6,885.88	1,196.05	376.10	536.66	3,384.10	1,392.97
Salaries and travel - nurses special assignments	5,581.67	5,154.91	426.76	-	-	-
Drugs and medical supplies	4,615.69	1,562.03	( 668.42	732.53	1,074.33	578.38
Clinic supplies	1,126.42	619.83	(	50.62	445.97	10.00
Salaries and wages	13,553.06	62.43	2,378.26	1,173.20	9,150.43	788.74
Services and supplies	6,095.52	268.76	689.53	1,240.73	3,178.74	717.76
Total	\$96,387.23	\$21,215.22	\$11,565.09	\$13,305.27	\$35,159.72	\$15,141.93
Cases of illness including venereal disease	6,264	1,240	786	1,147	1,940	1,151
Examinations	3,903	763	559	1,969	( 340	272
Immunizations	1,911	838	152	348	(	573
Dental cases	1,569	0	158	69	209	1,133
Total cases	13,647	2,841	1,655	3,533 (a)	2,489	3,129
Visits for illness						
Physicians (incl. V.D. visits)	12,353	1,749	2,944	1,907	4,044	1,709
Nurses - home	8,891	946	3,019	1,146	1,412	2,368
clinic	26,149	4,964	8,008	4,035	3,198	5,944
Total	47,393	7,659	13,971	7,088 (a)	8,654	10,021
Visits for examinations	4,905	807	( 1,310	2,112	( 341	335
Visits for immunizations	2,605	1,398	(	633	(	574
Visits to Public Health Service clinic for V.D. treatment	(304)	(304)				
Dental visits	2,923	0	370	88	486	1,979
Total visits	58,130	10,168	15,651	9,921 (a)	9,481	12,909
Visits to phys. per case of illness	2.0	1.4	3.7	1.7	2.1	1.5
Visits to clinic nurse per case of illness	4.2	4.0	10.2	3.5	1.6	5.2
Visits to nurse (clinic & home)						
all medical cases	2.9	2.1	7.4	1.5	2.0	4.2
Total clinic costs	\$96,387.23	\$21,215.22	\$11,565.09	\$13,305.27 (a)	\$35,159.72	\$15,141.93
Cost per visit, all visits	1.66	2.09	.74	1.34	3.71	1.17
Cost per case, all cases	7.06	7.46	6.99	3.77	14.13	4.84

For footnote, see other side.



Footnote for Table 3.

- (a) The totals of cases and visits for the Texas association do not include services rendered at Camp Ponchartrain, since costs for these services are not included in the clinic operating expenses for this period. A special contract with the War Food Administration was made to pay for these services to transported Jamaicans. The cost per case and visit therefore is computed only for the usual clinic services rendered at the association health centers.



Table 4a. Referral Services

	Total	Atlantic Seaboard	Florida	Texas	California- Arizona	Pacific Northwest
Total direct cost of all professional services	\$257,396.10	\$22,576.58	\$40,816.52	\$18,470.20	\$152,317.05	\$23,215.75
Clinic expenditures for professional services	76,738.65	20,884.03	8,497.30	10,891.34	22,830.55	13,635.43
Association referral costs	48,589.69	0	29,134.13	0	19,455.56	0
Non-association referral costs	132,067.76	1,692.55	3,185.09	7,578.86	110,030.94	9,580.32
Referral costs - Percent of total professional costs	70.2	7.5	a/ 79.2	41.0	85.0	41.3
Association referral costs - Percent of total professional costs	18.9		71.4		12.8	
Non-association referral costs - Pct. of total professional costs	51.3	7.5	7.8	41.0	72.2	41.3
Physicians & surgeons charges	\$60,402.27	\$ 483.00	\$1,503.00	\$4,130.00	\$49,542.52	\$4,743.75
Dentists	2,234.50	325.50	58.00	541.00	1,056.50	253.50
Total	\$62,636.77	\$ 808.50	\$1,561.00	\$4,671.00	\$50,599.02	\$4,997.25
Percent of total referral costs	34.7	47.8	4.8	61.6	39.1	52.2
b/ Total cases of illness	19,198	1,317	c/ 1,267	7,902	c/ 7,077	1,635
Total referred cases	6,500	77	c/ 481	321	c/ 5,137	484
Percent of total cases of illness	33.9	5.8	a/ 38.0	4.1	72.6	29.6
Total reported calls to referred cases	10,754	44	80	129	9,979	522
Home	967	42	18	90	747	70
Office	9,787	2	62	39	9,232	452
d/ Physicians' and surgeons' charges per referred case of illness	\$ 11.62	\$ 6.27	\$ 25.05	\$ 32.02	\$ 10.94	\$ 11.77
Hospital cases - Association	545		354		191	
Non-association	1,440	35		135	1,188	82
Hospitalized cases - percent of total physicians' cases of illness	10.4	2.7	27.9	1.7	19.5	5.0
Dental cases	480	94	(Over)	70	279	37



Notes to table 4a.

- a/ For calculation of these percentages 68 deliveries by midwives during the period and \$665 in charges for the services have been added to the totals of physicians' cases and charges.
- b/ The number of cases of illness counted in this total is the reported total of clinic cases and cases referred (including cases referred to Belle Glade Hospital) less the number of clinic cases shown to have received only physical examinations and immunizations.
- c/ The number of referred cases includes 354 cases hospitalized at Belle Glade Hospital. For California the 191 cases hospitalized at Burton Cairns are considered to be included among the cases referred to private physicians since their care while in the hospital was by private physicians rather than by hospital staff physicians.
- d/ Professional charges computed on the basis of paid invoices. The number of such cases reported, totalled 5,196, distributed as follows: Atlantic Seaboard, 77; Florida, 60 (excluding midwives cases); Texas, 129; California-Arizona, 4,527; Pacific Northwest, 403.



Referral Services (Continued)

Table 4b. Hospital Services

	Total Service						Association Hospitals		
	Total	Atlantic Sea- board	Florida	Texas	Calif.-- Ariz.	Pacific N.W.	Total	(Belle Glade) Florida	(Burton- Cairns) Calif.-- Ariz.
Number of cases	1,985	35	354	135	1,379	82	545	354	191
Percent of referred cases	37.7	45.5	73.6	42.1	30.5	20.3			
Percent of total physicians' cases of illness	10.4	2.7	27.9	1.7	19.5	5.0			
Number of hospital days	15,611	209	3,070	895	10,671	766	5,047	3,070	1,977
Number of days per case	7.9	6.0	8.7	6.6	7.7	9.3	9.3	8.7	10.4
Hospital charges	\$109,711.81	\$863.30	\$30,081.78	\$2,267.65	\$72,465.33	\$4,033.75	\$48,589.69	\$29,134.13	\$19,455.56
Percent of total referred charges	60.7	51.0	93.1	29.9	56.0	42.1			
Charges per case	a/ \$55.27	\$24.67	a/ \$84.98	\$16.80	\$52.55	\$49.19	\$89.16	\$82.29	\$101.86
Charges per day	7.03	4.13	9.80	2.53	6.79	5.27	9.63	9.49	9.84
Bed capacity							124	63	61
Percentage occupancy							44.7	53.5	35.6

a/ The salaries of the physicians rendering medical and surgical services are included in the expenditures of the Belle Glade Hospital. Charges per day and per case, for the Florida association, therefore, include hospital as well as professional service charges.







Table 5. Distribution of Cases of Illness by Diagnosis.

	Total	Percentage Distribution						Percentage Distribution					
		Atlantic Seaboard	Fla.	Tex.	Calif.- Ariz.	Pacific N.W.	All Assns.	Atlantic Seaboard	Fla.	Tex.	Calif.- Ariz.	Pacific N.W.	
All diagnoses	25,696	2,919	1,624	11,216	7,417	2,520							
Examinations & Prenatal Care	5,307	763	559	(3,359	314	312							
Immunizations	1,688	838	152		125	573							
Cases of Illness	18,701	1,318	913	7,857	6,978	1,635	100.0	100.0	100.0	100.0	100.0	100.0	
*Infectious Diseases	900	137	184	140	337	102	4.8	10.4	20.2	1.8	4.8	6.2	
Neoplasms	99	24	1	16	46	12	.5	1.8	.1	.2	.7	.7	
General Diseases	156	3	1	39	80	33	.8	.2	.1	.5	1.1	2.0	
Diseases of Blood Forming Organs	56	7	1	9	24	15	.3	.5	.1	.1	.3	.9	
Diseases of the Nervous system	236	47	8	15	144	22	1.3	3.6	.9	.2	2.1	1.3	
Eye	620	16	17	197	297	93	3.3	1.2	1.9	2.5	4.3	5.7	
Ear	288	10	6	94	147	31	1.5	.8	.7	1.2	2.1	1.9	
Circulatory System	241	37	16	40	123	25	1.3	2.8	1.8	.5	1.8	1.5	
Respiratory System	7,026	536	224	3,787	1,997	482	37.6	40.7	24.5	48.2	28.6	29.5	
Digestive System	3,695	164	114	2,079	1,062	276	19.8	12.4	12.5	26.5	15.2	16.9	
Genito-Urinary System	560	53	17	68	332	90	3.0	4.0	2.0	.9	4.8	5.5	
Pregnancy & Childbirth	585	10	120	62	336	57	3.1	.8	13.0	.8	4.8	3.5	
Skin	1,319	59	66	566	501	127	7.1	4.5	7.2	7.2	7.2	7.8	
Bones	226	13	3	8	139	63	1.2	1.0	.3	.1	2.0	3.9	
Congenital Malformation	74	1	-	1	(36	5	(.4	.1	-	-	(.5	.3	
Diseases of 1st Year of Life	74	2	-	8	(36	21	(.4	.2	-	.1	(.5	1.3	
Ill-defined Diseases	1,260	111	75	593	442	39	6.7	8.4	8.2	7.5	6.3	2.4	
Injuries and Poisonings	909	85	46	132	524	122	4.9	6.4	5.0	1.7	7.5	7.5	
Physicals to referred cases	451	3	14	3	411	20	2.4	.2	1.5	.04	5.9	1.2	
Deliveries by Midwives	68		68				(.4)		(7.4)				
*Venereal Disease (included in infectious disease cases)	242	78	105	9	22	28	1.3	5.9	11.5	.1	.3	1.7	







Table 6. Dental Services

	Clinic Service						Referral Service						Total - Clinic and Referral						
	Calif. Pac.			Atl.			Calif. Pac.			Atl.			Calif. Pac.			Atl.			
	Total	Fla.	Tex.	Ariz.	N.	W.	Total	Sbd.	Tex.	Ariz.	N.	W.	Total	Sbd.	Fla.	Tex.	Ariz.	N.	W.
Number of Cases																			
Fillings	270	22		43	205		416	87	22	7	47	205	416	87	22	7	47	205	
Treatments	449	62	1	22	364		449	62	33	38	364		449	62	33	38	364		
Extractions	222	70	67	20	65		500	6	70	97	225	102	500	6	70	97	225	102	
Examinations & other operations	733	91	1	142	499		789	1	91	2	196	499	789	1	91	2	196	499	
Total	1,674	245	69	227	1,133		2,154	94	245	139	506	1,170	2,154	94	245	139	506	1,170	
Number of visits																			
Fillings	955	48		240	667														
Treatments	749	96	2	66	585														
Extractions	476	198	85	38	155														
Examinations & other operations	825	110	1	142	572														
Total	3,005	452	88	486	1,979														
Number of Services																			
Fillings	2,165	48		274	1,843		2,247	4	48	65	287	1,843	2,247	4	48	65	287	1,843	
Treatments	819	96	2	77	644		846		96	4	102	644	846		96	4	102	644	
Extractions	848	288	213	50	297		1,014	190	136	593	643	392	1,014	190	288	349	643	392	
Examinations & other operations	860	124	1	142	593		921	2	124	3	199	593	921	2	124	3	199	593	
Total	4,692	556	216	543	3,377		5,876	196	556	421	1,231	3,472	5,876	196	556	421	1,231	3,472	
Services per Case							Cost per Service												
All Assns. Atl. Sbd. Fla. Tex. Calif. Pac. Ariz. N.W.							All Assns. Atl. Sbd. Fla. Tex. Calif.- Pacific Ariz. N.W.												
Services per clinic case	2.9	-	3.5	3.1	2.4	3.0	Dental Costs	\$6,986.07	\$325.50	\$1,248.34	\$1,251.54	\$1,397.12	\$3,063.52						
Services per referred case	2.5	2.1	-	2.9	2.5	2.6	Clinic salaries	4,751.52	0	1,190.34	710.54	340.62	2,510.02						
Total services-all cases	2.9	2.1	3.5	3.0	2.4	3.0	Referred charges	2,234.50	325.50	58.00	541.00	1,056.50	253.50						
							Cost per clinic service	1.01	-	2.14	3.29	.63	.76						
							Cost per referred service	1.89	1.66	-	2.64	1.55	2.67						



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This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some minor discoloration and small dark spots, possibly due to age or handling. There is no text or other markings on the page.

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This image shows a blank, aged, light brown page, likely an endpaper or flyleaf of a book. The paper has a textured appearance with some minor discoloration and small dark spots, possibly due to age or handling. A vertical crease is visible near the left edge.